

**COMMUNICATION SERVICES TAX
REGISTRATION CHANGE REQUEST**

After completing the applicable section below, detach this form from the booklet and remit to:

CURRENT COMPANY/RETAIL MAILING ADDRESS

COMPANY/RETAILER NAME
CORPORATE NAME, PARTNER NAMES OR PROPRIETOR'S NAME
NUMBER & STREET ADDRESS
ADDRESS (continued)
CITY/TOWN, STATE & ZIP CODE

BUSINESS MAILING ADDRESS CHANGE

COMPANY/RETAILER NAME
CORPORATE NAME, PARTNER NAMES OR PROPRIETOR'S NAME
NUMBER & STREET ADDRESS
ADDRESS (continued)
CITY/TOWN, STATE & ZIP CODE

CURRENT AGENT MAILING ADDRESS

AGENT NAME
NUMBER & STREET ADDRESS
ADDRESS (continued)
CITY/TOWN, STATE & ZIP CODE

AGENT MAILING ADDRESS CHANGE

AGENT NAME
NUMBER & STREET ADDRESS
ADDRESS (continued)
CITY/TOWN, STATE & ZIP CODE

COMPANY/RETAILER NAME CHANGE OR ENTITY CHANGE

CHANGE FROM: _____ TO: _____

FOR DRA USE ONLY

I understand a return must be filed for each month, even though there may be no tax due.

SIGNATURE (IN INK)

DATE

MAIL TO: NH DEPT OF REVENUE ADMINISTRATION
AUDIT DIVISION
PO BOX 457
CONCORD NH 03302-0457